

Attorney Docket No. 034185-005
 Application No. 10/048,003

- ☐ No additional claim fee is required.
☐ An additional claim fee is required, and is calculated as shown below.

| AMENDED CLAIMS | | | | | |
|--|---------------|---|--------------|--------------------|----------------|
| | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate | Additional Fee |
| Total Claims | 20 | MINUS 20 = | 0 | x \$18.00 (1202) = | \$ 0.00 |
| Independent Claims | 3 | MINUS 3 = | 0 | x \$86.00 (1201) = | \$ 0.00 |
| If Amendment adds multiple dependent claims, add \$290.00 (1203) | | | | | |
| Total Claim Amendment Fee | | | | | \$ 0.00 |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee | | | | | \$ 0.00 |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT | | | | | \$ 0.00 |

- ☐ A check in the amount of _____ is enclosed for the fee due.
☐ Charge _____ to Deposit Account No. 02-4800.
☐ Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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By Matthew L. Schneider
 Matthew L. Schneider
 Registration No. 32,814

Date: September 28, 2004